Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unlock Medical Commence (Commence Commence Commen

	Under the Paperwork	Reduction Act of 1	995			U.S. Patent at	Appro	vod for use	through 7/31/200	PTO/SB/06 (08	-03)
Ą	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid ONB control in Substitute for Form DTO 677										.Œ
•	Substitute for Form PTO-875					ION RECORD			A Language of Cocket Mumber		
•	·		1016776								
	CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OR OTHER I									(CD 77	· ·
•	FOR	FOR NUMBER EVED				SMALL ENTITY		· Of	SMA	OTHER THAN SMALL ENTITY	
	BASIC FEE			NUMBER EXTR	<u> </u>	RATE	FEE	Π.		1	
	TOTAL CLAIMS				- 1	1			RATE	FEE	_
	(37 CFR 1.16(c))	CFR 1.16(c)) aninus 20 =		.•			+	→ OR	·	177000).
	(37 CFR 1.16(b))	mi	143 3 =			X		OR	=		7
ı	AULTIPLE DEPENDENT OF THE PROPERTY OF THE PROP					X \$=		OR	X1 =	 	- ·
1						+; =		OR		 	-
•	" If the difference in column 1 is less than zero, enter "0" in column 2.					T0	1	→ ~~	+1		1
- 1	CLAIMS AS AMENDED - PART II					TOTAL		OR	TOTAL	77000	1
ı	···	TO NO AMEND	EU - PAF	स्मा	•			•			1
ŀ	(Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN										1
-1	YANE . RI	CLAIMS EMAINING	HIG	HEST	<u> </u>	SMALL EN		OR	SMALL	ENTITY	1
-	Total Order Independent United Independent United Independent	AFTER ENDMENT	PREV	ABER PRESEN OUSLY EXTRA		RATE	ADDI-	1 .	RATE		i
1	Total	Min		FOR		·	TIONAL FEE	1		ADDI- TIONAL	
	Z Independent - U (37 CFR 1.16(b))	3 Minu		·	_ L	X \$=		OR	,	FEE	i
	Σ <u></u> -				Ш	X \$ =		1	X 5		
-	FIRST PRESENTATION	OF MULTIPLE DEPE	NOENT CLAIM	(37 CFR 1.16(d))	7 1			OR	X 5=		Paru.
1					ן נ	TOTAL		OR	+1=	ı	
	·	luma 1)				ADD' FEE		OR	ADDI FEE	77000	
0		LAIMS	(Colu	nn 2) (Column 3						-	
		MAINING FTER	NUM8 PREVIO	ER PRESENT	Π	RATE	ADDI-	ſ			•
Į ū	TOW I J ME	THENT	PAID		11		TIONAL	' 1	RATE	ADDI- TIONAL	•
AMENDMENT	(3) CFR (LIE(q)	D Minus	1" 2	01-	11		FEE	-		FEE	
٤	(37 OFR LIED)	Minus	0	1 =	1 F	-		OR _	X \$=	//	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					5=	-	OR J	C 5		
	(17 CFR 1.16(d)						. / 1	OR .		-/-	
ł	·					DO'L FEE	7		OTAL	-//	•
-		mn 1)	(Column	(Column 3)			/ /	OR A	DO'L FEE		
7	REMA	ums uning	HIGHES	T		· · ·			· · ·	1	
	AFT AMEN	TER DMENT	PREVIOUS	SLY EXTRA			ADDI-	ſ	RATE	ADDI-	
Σ	TO(B) (37 CFR 1.16(c))	Minus	PAID FO	R =	_		FEE	- 1		TIONAL	
Z	Independent (31 CFR 1.16(b))	Minus	•••		X I	=		OR X		FEE	
AMENDMEN		(X.						
THIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L16(d))											
					70	TAL		OR +			
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
	" WIG MUDDES! Number D.		357	~ 05 tast than 70 ∞	ALAC ***	. .			L		
his co	The "Highest Number Pre-	viously Paid For (T	otal or Indep	endeni) is the binher	ier "3". I numba					J	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.